

THIS FORM FOR NEW ACCTS ONLY

MONTANA DEPARTMENT OF TRANSPORTATION
P.O. BOX 4639
HELENA, MT 59604-4639
TEL: (406) 444-2998 FAX: (406) 444-0800

APPORTIONED FLEET REGISTRATION
ORIGINAL APPLICATION

SCHEDULE A

MCS WILL GIVE ACCOUNT NUMBER AND FLEET NUMBER

1	Account Number		Fleet Number		Supplemental Number 000		Name of Contact				F.E.I.N/SS Number		
Name of Registrant (REQUIRED)							Registrant (REQUIRED) Telephone # FAX				IFTA License Number		
Doing Business As (if different than registrant name)							Prorate Service Name				USDOT Number		
Physical Location (No P.O. Box)							Telephone # FAX				ICC/MC Number		
Mailing Address							FLEET RECORD INFORMATION (Check Type of Operation) <input type="checkbox"/> PC – Private Carrier <input type="checkbox"/> RC – Rental Carrier <input type="checkbox"/> HH - Haul for Hire <input type="checkbox"/> HC – Household Goods				____ WY INTRASTATE AUTHORITY (Y OR N)		
City			State		____ 10,000 FLEET MILES IN CO. (Y OR N)								
Zip Code		County											
2	UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AT THE WEIGHTS LISTED BELOW. UNITS OPERATING AT DIFFERENT WEIGHTS MUST BE GROUPED ON SEPARATE SHEETS.							AB		AL		AR	
AZ	BC	CA	CO	CT	DC	DE	FL						
GA	IA	ID	IL	IN	KS	KY	LA						
MA	MB	MD	ME	MI	MN	MO	MS						
MT	NB	NC	ND	NE	NL	NH	NJ						
NM	NS	NV	NY	OH	OK	ON	OR						
PA	PE	PQ	RI	SC	SD	SK	TN						
TX	UT	VA	VT	WA	WI	WV	WY						
(KEY CODES) TYPE OF VEHICLE: TR = TRACTOR TK = TRUCK (if TK – specify ¼ ¾ 1-ton or over – USE FORM C-T FOR TRAILER) BS = BUS (Need HP) FUEL TYPE: D = DIESEL P = PROPANE G = GASOLINE O = OTHER													
3	1	2	3	4	5	6	7	8	9	10	11	12	13
	EQUIP. NO.	VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	VEH. TYPE See KEY CODE	AXLES or SEATS FOR BUS	FUEL TYPE	EMPTY WT.	GROSS WT.	FACTORY PRICE	PURCHASE PRICE	DATE OF PURCHASE	PREVIOUS REGISTRATION
	OWNER:		JURISDICTION TITLED IN AND TITLE NUMBER:						BUS HP:		OVERLENGTH PERMIT:		
	OWNER:		JURSIDICTION TITLED IN AND TITLE NUMBER:						BUS HP:		OVERLENGTH PERMIT:		
	OWNER:		JURSIDICTION TITLED IN AND TITLE NUMBER:						BUS HP:		OVERLENGTH PERMIT:		
OWNER:		JURSIDICTION TITLED IN AND TITLE NUMBER:						BUS HP:		OVERLENGTH PERMIT:			
4	MONTANA OPERATORS – The undersigned, under oath, swears under penalty of perjury and penalty of law that this vehicle is insured as prescribed by 61-6-302 MCA, and declares to have knowledge of applicable State and Federal Motor Carrier Safety laws and that the information furnished in this application and the attached schedules are true and correct.												
AUTHORIZED SIGNATURE: TITLE: DATE:													